Sustainable Care: Care as a Communal Virtue in Early Childhood Education

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Abstract

Purpose: Care is a core concern for early childhood education and care (ECEC) institutions. Care may be understood as a basic form of interaction and a foundational need for human beings. For these reasons, care also presents challenges for ECEC staff. The staff must seek practical solutions to problems that philosophers have raised on a theoretical basis concerning ethical traditions, such as the ethics of care. These are the problems of justice, parochialism, and self-sacrifice.

Design/Approach/Methods: This article develops a theory concerning the ethics of care in ECEC institutions. The theory is informed by qualitative interviews with ECEC teachers reflecting on their caring practices. The study is therefore located at the intersection of normative ethics and applied ethics. In seven in-depth interviews, the informants discussed how to create a caring ECEC environment that is fair and possible to maintain over time.

Findings: Through analyzing the interviews, I found that caring practices that work toward these ideals can be described as sustainable care. These practices take care of all the children and provide the staff with opportunities to regain the strength they need to create a caring and educating setting.

Originality/Value: The theory this article develops makes ethics of care applicable and practically relevant to ECEC institutions.

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Introduction

An often-quoted care ethicist, Nel Noddings, characterized the ethics of care as a relational approach to ethics (Noddings, 2002, p. 20). In a caring encounter, there is a caregiver and a cared-for. A balanced relation allows for the parties involved to take turns in the roles they have. This theory has a dyadic starting point.

However, in most early childhood education and care (ECEC) settings, the group of children outnumbers the staff. This plain fact makes ECEC settings arenas where the staff must seek practical solutions to dilemmas that philosophers have raised on a theoretical basis concerning the ethics of care. These are the problems of justice, parochialism, and self-sacrifice. In this article, I study how experienced ECEC teachers deal with these issues. Through in-depth interviews, ECEC teachers reflect upon ethical implications in their caring practices. Based on their insights, I will situate the theory of care ethics in an ECEC setting. The aim is not a thorough description of how the informants care, but a normative discussion of what lessons may be learned from their experience.

The dilemmas of justice versus care raised by Carol Gilligan in her groundbreaking book, *In a different voice* (1982), have been widely discussed (e.g., Pettersen, 2008; Tronto, 1993, 2013). In ECEC settings, employees face these dilemmas daily. In these institutions, limited resources, such as the staff's attentive care, must be apportioned fairly among the children. The staff form relations with the children that are varied and manifold: These relations may impact the staff's caring practices (Eidsvåg, 2021, pp. 65–73).

Care takes place in many contexts and relationships. The sociologist Kari Wærness (1984) offers a useful distinction between spontaneous care, necessary care, and personal service. Spontaneous care refers to minor or major acts of altruism where the relation between the parties is insignificant. Necessary care refers to care that the cared-for cannot provide for themselves. In this kind of caring situation, the carer has more power than the cared-for. Personal service is care that one could have provided for oneself, but someone else does. In such cases, care is a commodity; the care workers are often marginalized and unprivileged, being the weaker part of the power relation with the employer. This leads to the issues raised by the global care chain research (Ngyen et al., 2017), where migrant workers provide care services to wealthy employers.

Care in ECEC settings is both necessary care for the children and also a personal service for the parents enabling them to take part in work life. In a market of ECEC providers, the ECEC should

care for the children at a price the parents will accept, or the government will fund. The staff must take care of the children's needs and provide them with learning opportunities while simultaneously answering to the provider's needs for efficiency. Such situations are often marked by high levels of responsibility (for the children) and limited access to resources (cut in budgets, public or private) (Eidsvåg, 2021, pp. 170–190). The danger of self-sacrifice appears immanent in care work.

In this research article, I study ECEC teachers' reflections on how to avoid self-sacrifice and how to secure fair judgment and distribution of care. Their solutions to these problems may be called sustainable care because they make it possible to maintain caring practices over time in a balanced and fair manner.

Sustainability here describes a situation in which one does not use more than one can recreate. In an environmental and climate context, sustainability is about the Earth's resources. Transferred to ECEC, sustainability is about the staff's individual and common caring resources. Care is a resource that requires personal commitment. If a person gives continuously without receiving, the engagement will decrease, and the caregiver may reach burnout. Sustainable care is characterized by a community enabling and helping the caregiver to take care of themselves.

The article builds on the notion of "mature care" (Pettersen, 2008; Pettersen & Hem, 2011) but situates it in a Norwegian ECEC setting. Although the empirical foundation for the discussion stems from Norwegian ECEC institutions, the informants reflect on theories and practices that are transferable and relevant for ECEC settings in various cultural and socio-political contexts.

Research questions

This article investigates the applicability of the ethics of care to ECEC as a catalyst for care as a communal practice. To do so, it asks the following question:

> How can the theory of care ethics be developed in ECEC settings informed by ECEC-teacher's experiences?

To answer this question, I interviewed experienced ECEC teachers regarding their work and analyzed their voices through the lenses of the ethics of care and virtue to develop this theory for ECEC institutions.

Norwegian context

In Norway, 92.8% of children aged 1–5 attend an ECEC institution. ECEC is regulated through the Kindergarten Act (2005) and the National Framework Plan for Kindergartens (2017). Even though there are national regulations, municipalities play an important role as owners and monitoring

authorities of local ECEC institutions. The sector is largely publicly funded (ca. 88%), with parent payments (ca. 12%) being regulated via price ceilings.

The Act stipulates the child–adult ratio to be 1:6 for 3- to 5-year-old and 1:3 for 1- to 2-year-old (§26). Moreover, it states that the leader of each department must have pedagogical education (§25). The Framework Plan explains the objectives and tasks of the ECEC institutions and serves as a curriculum with seven learning areas. The objectives are to meet the children's need for care and play, promote formative development and learning, friendship and community, communication, and language. According to the Framework Plan, ECEC teachers and staff are therefore obliged to care. This is part of their job description.

Theory

Care in normative ethical theory

This article is concerned with the conjunction of empirical studies and ethical theory. I draw on insights from several empirical studies on care as an institutional practice. Silvia Gherardi and Giulia Rodeschini study care in a nursing home and describe the care they find as an "ongoing and emergent sociomaterial process" (Gherardi & Rodeschini, 2016, p. 281). They describe care as an organizational competence (Gherardi & Rodeschini, 2016, p. 266), a perspective that is close to the perspective I develop in this article.

In the present article, I will therefore adopt their understanding of care in institutions:

> We propose a practice-based approach to understanding caring as a situated activity, and a collective competence. Therefore, we define care as an emergent process, a competence that is realized by a heterogeneous collective, composed of more or less able-bodied humans, tools, technologies, rules, and other "non-humans" or "more than humans" (Braidotti, 2013) linked within sociomaterial relationships. (Gherardi & Rodeschini, 2016, p. 268)

With such a wide understanding, much research on ECEC is relevant and informative on caring practices. Relevant issues are not only recognition (e.g., Østrem, 2012), love (e.g., Aslanian, 2015, 2018; Page, 2018), or care (e.g., Foss, 2009; Tholin, 2013), but also research on children's right to participation (e.g., Bae, 2009; Ree, 2020), children as citizens (e.g., Tofteland, 2015), and formation (*bildung*) (e.g., Løkken & Søbstad, 2018).

Although Gherardi and Rodeschini's understanding is wide, I read it as different from what Jo Ailwood calls the "thick description" of care (Ailwood, 2020, p. 339). While Ailwood describes instances where care, according to her, can be oppressive and stressful, it makes more sense to me to connect care with a value judgment as something "good." Ailwood is right in pointing out that the distance between care, oppression, and stress can at times be short. However, in defining

these concepts, it is better to keep things apart. Admittedly, care can be a cover-up for dominance: Oppression can be disguised as care, but then, it is not really care. It is dominance or oppression. The "good" in care is defined as an expressive–collaborative effort (Tronto, 2013, p. 53) by the involved parties, as exemplified in Joan Tronto's model, which I will discuss below (Tronto, 2013, pp. 22–23).

Furthermore, Gherardi and Rodeschini's understanding resembles, in some ways, Teresa Aslanian's description of care when she studies care in a wide sense in a Norwegian ECEC setting. However, while Aslanian (2020, p. 328) draws attention to the interplay of material, human, and more than human sides of care, in this study, I focus on human relations. Nevertheless, I concur with Aslanian's (2020, p. 327) conclusion that care is not confined to dyadic relations but could be seen as everything that enhances human and non-human flourishing.

While Ailwood, Aslanian, Gherardi, and Rodeschini study and describe the many occurrences of care as institutional practices, the present study seeks to address more specific challenges presented to care ethics as normative theory.

Care and construction of a "child"

One may question what a focus on care in ECEC settings might entail. Raising concerns of care in ECEC implies an understanding of children and childhood. One may argue that care entails the construction of vulnerable children and ECEC staff as substitute mothers. In such an image, the child is powerless, and the staff's roles are reduced to gender stereotypes. One asset of Gherardi and Rodeschini's understanding is that it seeks to avoid such constructions by pointing out that care is a common human need as well as a common human mode of relating to others.

Geoff Taggart (2016, p. 174) describes ECEC research and scholarly discourses as dichotomized into competing constructions of childhood. On the one hand, the ideas stemming from John Bowlby's research (1997 [1969]) and subsequent child psychology studies inspire ECEC institutions to form ideals from family relations and home settings (Aslanian, 2020). Mother-like care is one of these ideals. On the other hand, contributions from among others, such as Dahlberg, Moss, and Pence (1999), have sought inspiration from the image of ECEC as a democratic institution where children are seen as citizens with democratic rights. Generally speaking, these competing traditions offer different epistemologies, that is, psychology, with a focus on the inner life of individuals, and sociology, with lenses fixed on formal and informal social systems.

Given the complexity of childhood and ECEC institutions, clearly, one description would not capture the whole picture. Neither would a single construction of childhood nor would the ideals of ECEC provide a fully satisfactory answer to the question "what should ECEC-institutions provide to the children, parents, staff, owners, and society at large"? Multifaceted and diverse approaches and descriptions are needed.

Understood in this manner, care may be one of several hermeneutical keys through which values in legal documents and ethical guidelines may be read. In a Norwegian context, these documents are the Kindergarten Act (2005) and the Framework Plan (2017), as well as the "Professional ethics for the teaching profession" formulated by the Union of Education Norway (Utdanningsforbundet) and the Norwegian Union of School Employees (Skolenes landsforbund) (2012).

Politics of care in ECEC

In her book, *Caring Democracy* (2013), Joan Tronto discusses how care is often a disregarded and neglected part of society. Creating ECEC institutions is a way to recognize the care work that keeps the wheels of society running and to create cooperative practices that relieve the burden of responsibility that has often been distributed unfairly by gender and social standing (Tronto, 2010, p. 166). Institutional care is a crucial element in working toward equal opportunities for all parents and children regardless of socio-economic background (Eidsvåg, 2021, p. 121). Institutional care is, therefore, an important part of what Joan Tronto describes as democratic care: "To envision a society as democratic and caring is to envision a society whose account of justice balances how the burdens and joys of caring are equalized so as to leave every citizen with as much freedom as possible" (Tronto, 2013, p. 46).

Care and virtue

To explain what I mean by ethics of care, I begin with the basic notion that ethics of care centers on relationships and context, not primarily on the principles of universalism and reciprocity. In ethics of care, a solution that fits in a particular situation can be deemed morally good even though the solution is not put through the test of the principles of universalism and reciprocity. This does not mean that such principles are not important but rather that ethical considerations depart from the situated life of the moral subject. The theory underlines that we experience our moral obligations as part of our everyday lives. Principles that are detached from our lived experiences are not always easily applicable and must, therefore, make way for the relevant issues of a particular situation. In this manner, the ethics of care comes close to a phenomenological approach to ethics (Glasgow, 2013; Levinas, 1961; Løgstrup, 2010 [1956], 2019 [1972]; Mandelbaum, 1955).

The starting point for the ethics of care as a distinct approach to ethics is considered to be Carol Gilligan's book: *In a Different Voice* (1982). Gilligan reacted to the dominance of male perspectives in psychology, especially in the research of her teacher, Lawrence Kohlberg. Kohlberg (2008 [1963]) created a model for how children and young adults mature in moral reasoning based on Jean Piaget's ideas of cognitive and moral development.

Gilligan dismissed the models of Piaget and Kohlberg claiming that these models do not capture women's reasoning in moral dilemmas. While Piaget and Kohlberg were concerned with the

framing of moral reasoning (individual, communal, or global), Gilligan argued that women are more concerned with finding the balance between selfishness and responsibility toward fellow beings (Gilligan, 1982, pp. 101–102).

Gilligan proposed an alternative model based on how she interpreted the ethical reasoning of women in her studies. She described dialectic development in three phases. In the first phase, women are concerned with their own needs and survival. This phase ends when the subject starts to feel guilty and criticizes herself for being selfish. The second phase, therefore, consists of the subject being attentive to others' needs while disregarding herself. However, this phase ends when the subject realizes that the approach leads to self-extinction or self-sacrifice. In the third phase, the subject manages to find a balance between caring for oneself and caring for others. In this phase, the tension between selfishness and self-sacrifice is resolved in a well-reasoned balance (Gilligan, 1982, pp. 102–103). Gilligan calls the care given at this phase *mature care*.

Gilligan's description of mature care resembles a description of a virtue in aretaic ethics. The ability to care in the right way must be learned and brought to perfection (Pettersen, 2008, p. 59). The mature caregiver, in Gilligan's model, seeks the golden mean between care for others and care for oneself.

I understand virtue as a well-reasoned skill and attitude (Annas, 2011, pp. 16–51). It is both cognitive and practical. Virtues are distinct from other skills, such as tidiness, by being good *per se* (Annas, 2011, pp. 98–99). They are not merely a means of achieving some greater good. I consider care to be a virtue that resembles justice in the way it directs the subject's attention away from herself and toward the other.

Care and justice in institutional settings

Maturing as a caregiver resembles maturing in personal virtues. However, proponents of care ethics do not agree with the notion that their ethics are branches of virtue ethics. Both Nel Noddings and Joan Tronto point out that the ethics of care departs from relations, not an individual moral subject (Noddings, 2002, p. 20; Tronto, 2013, p. 48). Care is primarily a characteristic of relations, not merely of caring people. A relation is characterized by care if the parties involved act toward each other in caring ways. Noddings, therefore, described a caring encounter as:

(i)   A cares for B: A's consciousness is characterized by attention and motivational displacement;

(ii) A performs some act in accordance with (i); and

(iii) B recognizes that A cares for B (2002, p. 19).

Noddings finds the image of a mother–child relationship as an ideal caring relation. In this manner, we may say that the ethics of care starts with women's experiences and emphasizes care and relations as moral categories.

The discussion concerning ethics of care has been concerned with several issues. One of the most important is the emphasis on relation as the moral component since it easily neglects the dialectic development of mature care as a virtue. Especially when ethics of care has been applied to professional settings such as nursing or education, the often-inherent asymmetry in the professional caregiver's position combined with the normative demands of the ethics of care may place the professional in a self-sacrificing position.

To avoid such pitfalls, the philosopher Tove Pettersen argues that the caregiver must mature as a moral subject (Pettersen, 2006, p. 159; 2008, p. 59). In Pettersen's view, mature care involves attempts to develop caring relations in a reciprocal direction. Finding the balance between concerns for oneself and the others involved, and reducing the asymmetry of the caring relations, appear as important skills for the caregiver. Arguably, virtue ethics plays an important role in care ethics, even though the approaches are not identical.

I mentioned earlier that the ethics of care were not primarily concerned with the principles of universalization and reciprocity. The approach challenged the well-established definition of moral norms as grounded in these principles. However, proponents of care ethics must answer questions concerning how the approach's allegedly narrow scope should be understood within the frame of general or even universal concerns. The ethics of care's emphasis on proximate relations may lead to parochialism or nepotism.

Joan Tronto has attempted to meet these challenges in several publications. She developed a model of care that resembles Noddings' model.[1] However, Tronto presupposes a group of caregivers that raise issues concerning justice to the care act. Below follows a slightly abridged version of Tronto's description of caring practices in institutions:

1. *Caring about*: Someone or some group notices unmet caring need.
2. *Caring for*: Someone or some group must take responsibility to make certain that these needs are met.
3. *Care-giving*: Care-giving work is carried out.
4. *Care-receiving*: Once care work is done, there will be a response from the cared-for (person, group, animal, thing, plant, or environment). This response can be observed and should form the basis for the judgment of whether the caregiving was sufficient. Tronto points out that the cared-for cannot always respond, and that others in the setting may respond in its place.
5. *Caring with*: Finally, the caring needs and the ways they are met need to be consistent with democratic commitment to justice, equality, and freedom for all (2013, pp. 22–23).

The movements of Tronto's model are like Noddings. It starts with a need (Tronto) or a desire (Noddings), which is detected and cared for. Second, the cared-for's response follows, confirming

or denying the action as care. Care-giving is a shared responsibility of the working community. It is not necessarily the person who perceives a need that does the actual care work. According to Tronto's description, care is a collaborative effort.

Furthermore, Tronto's model considers that the recipient cannot always respond to care themselves. Tronto does not reduce the importance of feedback, but considers that the cared-for may not always be able to respond explicitly. Others may assist the cared-for in assessing whether the intervention is perceived as care. Transferred to everyday practice, this is an important clarification. Children may often respond non-verbally to care, whether they have learned to speak or not. According to Tronto's model, others must support the child and ensure that the child's expression is correctly understood.

Tronto's final phase puts care into a democratic framework. Tronto widens the perspective and claims that the care provided to a particular person must be evaluated in the immediate social context. How does caregiving affect the chances that others have to receive the same type of care? In this way, Tronto tries to dismiss the objection that the approach legitimizes discrimination (Pettersen, 2008, pp. 113–114). In Tronto's model, ethical responsibility extends further than to the caregivers' loved ones, to those with whom the caregiver has a relationship and to society at large. The caregiver must consider how care for one person affects care for others in the social context.

Methods

The empirical material for this study consists of seven qualitative interviews with ECEC teachers in seven Norwegian ECEC settings. The study has a two-fold aim: to explore the applicability of care ethics in ECEC settings and to develop care ethics as an institutional practice considering the informants' practical experience. For these purposes, I found the method described in the following section appropriate.

Qualitative interviews

I chose qualitative interviews as a method based on the formulation of the research question. Qualitative interviews have the strength of in-depth conversations. In the interviews, the informants and I discussed care, personal commitment, power, justice, and professionalism in various morally charged situations in ECEC settings. Many of the questions were of an individual and partly of a personal nature. Therefore, I preferred interviews on an individual level rather than, for example, focus group interviews. I interviewed each informant once for one-and-a-half to two hours. The interviews and transcripts were in Norwegian. I have translated the excerpts presented in this article.

Selection of informants

The selection of informants was strategic. I interviewed three male and four female informants to shed light on the gender aspects of the ethics of care.[2]

The purpose of the study is not to give an exhaustive description of the ethical dilemmas related to ECEC settings but rather to discuss the ethical considerations of caring practices. This type of study does not allow for generalizations but seeks an in-depth understanding of the informants' experiences. However, there were similarities between the descriptions in the seven interviews. In this way, the informants' descriptions are relevant and recognizable examples of the everyday lives of ECEC teachers.

Analysis

I used a hermeneutic approach to the analysis of the interviews. I have emphasized reading the interviews as coherent texts and have interpreted individual parts considering the whole. This is traditionally explained as a hermeneutical spiral (Alvesson & Sköldberg, 2016, p. 194).

Qualitative interviews seek to shed light on aspects of the informants' horizons of understanding. When informants explain and describe actions and events, they do so from their own perspective. I sought to interpret the informants based on what they shared in the interviews and analyzed their thoughts and experiences using ethical theories, especially virtue ethics (Annas, 2011) and care ethics (Noddings, 2013 [1984]; Pettersen, 2008; Tronto, 2013). There was a spiral movement between my pre-understanding and my interpretation of the interviews. I seek to reduce the risk of misinterpretation by giving the reader prerequisites for understanding my contribution (Alvesson & Sköldberg, 2016, p. 200; Tjora, 2010, p. 91).

I have emphasized presenting the material and exposing my interpretations to critical community researchers. In this way, I have sought to ensure communicative validity (Tjora, 2010, p. 179). Any errors or deficiencies in the interpretation are, of course, my responsibility alone.

In qualitative interviews, the researcher studies the informant's versions of events and stories. My study is concerned with the informants' reflections of care and of themselves as caregivers, not with how they care in real life. The interviewer cannot rule out the possibility that the informants present themselves from their best side and downplay other aspects of their professional practice. I was aware of this and tried to ask questions that were not confronting or invasive. I underlined my own plead to confidentiality and that their anonymity was taken care of (Schiefloe, 2011, p. 84).

I have made a content analysis of interview material (Jacobsen, 2018, p. 207). In the analysis, I have read the informants' reflections considering ethical theories. I have read these theories together with the experiences of the informants and their normative assessments. In this way, the theories provided the informants' reflections with a conceptual apparatus, while at the same time, the experiences of the informants challenged the practical value and usefulness of the theories. This form of analysis is often called double hermeneutics (Gilje & Grimen, 1993, pp. 144–147).

Ethical considerations

I have not stored the collected material, along with personal information about the respondents. Therefore, the answers the respondents have given will not be traceable back to them. All collected material will be deleted after the project is completed. I informed the respondents orally and in writing about the project before they decided whether they would participate. I obtained the respondents' written consent to participate. The agreement the informants signed (NSD standard agreement) explicitly stated that they can withdraw from the project at any time. I was careful to point out the professional plead of confidentiality the ECEC teachers have regarding the children they work with. I did not ask them to tell me anything from their ECEC-setting that violated confidentiality.

The project was approved by the Norwegian Centre for Research Data, project number 54402.

Findings and discussion

From mature to sustainable care

Gilligan described the dialectic development of mature care in response to Lawrence Kohlberg's description of moral development. Her focus was on individual growth in moral reasoning when faced with particular situations. The growth Gilligan described resembles developing a virtue, and her perspective is on the individual caregiver (Pettersen, 2008, p. 59).

Although developing this virtue seemed important for the caregiver, the informants in the present study presented a different image. According to them, the ideal balance between care for others and care for oneself is found within a working community, not on an individual basis. I will call this sustainable care.

Dagny:

The professional care we provide is care in groups.

Care begins with a reflection on who I am and what I stand for, my values concerning human behaviour and concerning children.

One thing is that we should have professional care for the little ones, but we should also care for each other as coworkers. We must be mentors and role models for adults and children. It is a lifelong project.

Care happens in groups. The group worked collectively to improve and develop their caring practices. The staff members' individual caring skills form the basis for a joint caring effort. As a group of coworkers care together, care becomes a communal virtue.

Developing virtue appears important. The informants' communities care in diverse ways. Dagny speaks of encouragement.

Dagny:

I think about that good cooperation, that you make room for disagreement, and that you can provide constructive feedback. That creates energy. It is about taking care of each other, backing each other and saying well done!

Gaute speaks of conversations with his colleagues:

Gaute:

I am a kind of person who easily express that I am not doing fine. I am a kind of person who mirrors my emotions if things do not work out. For example, in the years that I have worked here, there have been periods in which things have been quite heavy. Often, it turns out that the clue to resolve things is a personal conversation with the others involved. Many things resolve through a good conversation, whether with the manager or with some of the colleagues.

The gist of these three quotations can be summarized in the following manner: a well-functioning working community provides a caring environment in which the professional caregiver finds support. The responsibility to care for oneself is not an individual responsibility, but a concern for the working community. These statements are value-loaded and rooted in years of experience.

To underline this conclusion, I will draw attention to another issue that the informants discussed. In the conversations, we turned to the issue of what factors influenced the informants' motivation and inspiration for a long-lasting career in an ECEC institution. The working community seemed to play a key role. A well-functioning community was a decisive factor for the teachers. On the other hand, if the working community malfunctioned, it drained the teachers of energy and quenched the working spirit. I asked the teachers what, if any, issues at work made them consider quitting their ECEC careers.

Finn:

To me, the greatest challenge has been my coworkers, for instance, to raise difficult issues with them or if there are confrontations within the working group. We work so closely; it is almost as a marriage.

As in many professions, conflicts among colleagues cause distress. Finn pointed out that this is particularly evident in ECEC settings because the staff work so closely together. There are numerous pedagogical, ethical, and practical issues that staff need to resolve daily. A group of coworkers who are flexible and care for each other's needs and perspectives seems to be especially important.

In light of these statements, I propose to situate Gilligan's mature care in institutional settings. Care in an institution cannot be based solely on one-to-one relationships. Although dyadic relationships are important, care must be understood as a common concern for all staff members. The employees in a department must act as a community of care.

While Tronto describes how caring needs may be tended to by group effort (Tronto, 2013, pp. 22–23), the informants' statements emphasize the importance of the employees' care for each other. If the coworkers care for each other, it will increase the staff's ability and capacity to care for the children and for themselves.

In professions where care is an important element, seeking sustainable care appears essential. ECEC staff may experience that the needs are many, the ambitions high, and the resources limited. Some staff members may be engulfed by others' needs and act self-deprecating and self-sacrificing. Others can protect themselves by adopting a distanced attitude at the risk of ending up jaded. Finding a navigable path between caring for others and for themselves, as well as making care a common concern, I call sustainable care.

Expanding on Gilligan's term "mature care," "sustainable care" emphasizes the importance of a well-functioning community for the possibility the individual caregiver has to take care of themselves.[3] It appears that the working community is a decisive factor in the individual employees' possibility to do just that. Seeking well-balanced caring practices is situated in the working community. Coworkers can disrupt or enhance each other's balance and the group's balance. The virtue of balanced care is therefore a communal virtue.

Care and justice

The working community emerges as a crucial factor in caregivers' possibility to regain strength. In the interviews, we also spoke about the fair distribution of care. What are the caring resources the staff must share and how can they care in a just manner?

Caring resources. The years in ECEC education are important for children. During this period, important elements of their personality and identity are formed. The children learn to know themselves and take part in a community that is both enabling and framing the development of their personal identity. The years in ECEC settings are important for their life trajectories. Therefore, creating equal opportunities emerges as an important aspect of care work in ECEC institutions. Such aims are also formulated in the Norwegian Kindergarten Act (2005), the Framework Plan (2017), and the "Professional ethics for the teaching profession" (2012).

The informants reflected on justice in the ECEC setting. They all presented views similar to Gaute's formulation.

Gaute:

Usually, we can make individual adjustments, and I am one of those who have been saying that if we give the same to all, it will not be fair, because people are not all alike, and children are not all alike. Children have different needs.

The informants consider providing care according to how they assess the children's various needs, as the best way to approach the question of justice in the ECEC setting. This view of justice seems to comply with the fundamental issue of care ethics, which is to regard context and the relations of a given situation as the starting point for ethical consideration.

What are the goods that ECEC institutions should apportion fairly among the children? According to the Framework Plan (2017), taking part in play, in learning, and caring relations are goods that children should receive in ECEC. They incorporate the basic needs as well as opportunities for identity formation. In its most concrete form, this includes everything from food, toys, educational artifacts, rooms, and playing areas, to mention a few examples. However, there are also immaterial sides to the goods, such as care. The informants reflected on this fact.

In the interviews, the informants spoke about this challenge on both an individual and collective level. Finn's answer represents an idea that all the informants to express.

Finn:

Yes, justice. How much of myself should I use on each [of the children]? That is what it comes down to.

The caring resources Finn has available depend on his personal investment. Genuine care requires an attentive presence.

The informants explained that such a presence is sometimes challenging. The caring impulse does not always come by itself.

Bente:

When there is a child, and I notice that I have difficulties noticing that [caring] feeling from my body, I just have to carefully stroke their hair or confirm that I see them. I just have to do it. It is difficult, but that is where you have to act professionally.

I presented Joan Tronto's model of care as an institutional practice (Tronto, 2013, pp. 22–23). In institutions, care cannot always happen within dyadic relations. A group of employees must cooperate to make sure that every child is cared for. This is a question of perceiving needs and ensuring that care is provided. However, based on the informants' information, the perspective may be widened. This is also a question concerning justice.

The informants explained that their time, attention, and emotional presence are the resources they need to care for the children. A group of staff has a certain amount of these resources to distribute among the children. Their perception of justice is that every child should get what he or she needs. This implies that the staff does not spend the same share of resources on every child. The question is, then, how do they work to make sure that their unequal distribution of care is fair?

How can care be apportioned fairly?. Noddings distinguishes between different motivations for care (2013 [1984], p. 46). The determining factor is the kind of relation we have with the care receiver. Noddings uses the image of circles of care (2013 [1984], p. 46). In the inner circle, we find our family and close friends. Care is an inherent part of the relationships we have with people in our inner circles. We do not have to search for motivation to care. The other person means so much to us that the will to care is readily within us. In the second circle, we find the people in our surroundings to whom we do not have an equally strong relation as in the inner circle. In these relations, care must be motivated by an "ethical ideal" (Noddings, 2013 [1984], p. 104). This ideal informs on what care is and how caregivers should act. On this point, Noddings comes close to traditional virtue ethics.

The challenge for ethics of care is whether this idea of how care is motivated also justifies favoritism of the people in our inner circle. One thing is that in a family setting parents and their children use much of their caring resources on each other. However, in a professional setting, preferences for certain children based on personal chemistry can be problematic. Bente expressed this dilemma. She relates that she must turn away from the children she has close connections to and pay attention to the children she has a weaker relation with.

Bente:

> Sometimes when we sit around a table, and I turn to a child I know well and I notice that it is easy, then I start to reflect, you must direct your attention elsewhere too. With the other children, I might not have the same bonds. It is not as natural, but I have to be attentive to them as well.

Bente's presence and attention are resources she gives to the children around the table. She senses that she must apportion her attention. Her attentive presence is an asset that must be distributed fairly.

The philosopher Tove Pettersen discusses the relation between care and justice in her book on care ethics (Pettersen, 2008, pp. 94–96). She points to judgment as an important precondition for succeeding in balancing different concerns. With this solution, she directs the ethics of care in the direction of virtue ethics. In the above statements, Bente expresses her own judgment. Judgment is also a crucial element in sustainable care.

In an ECEC setting, it is too narrow to think that each employee has an individual responsibility for all the children. Joan Tronto theorized care as a collective effort. The studies of Gherardi and Rodeschini (2016), as well as Aslanian (2020), show the many aspects of creating caring institutional environments. The staff collectively possesses caring resources that they should distribute justly among the children.

The preschool teachers were also concerned about this issue. To make sure that their time, attention, and emotional presence were fairly apportioned among the children, they worked systematically mapping their own feelings for the children. They did this by color-coding the relationships they had with each of the children. Red designated warm relations, green neutral and unproblematic relations, while black distinguished difficult relations. In this manner, the preschool teachers acknowledged the risk that personal feelings and preferences could bias the way they behaved toward the children. Mapping their own feelings was a method they used to sharpen their attention to this challenge.

Else:

And then you have to work a bit with yourself so that you do not say yes too often to the child to whom you have a red (warm) relation. Although I admit that I sometimes give privileges to children that I would not give to others, just because it is easy to do. But, every time, I think, "Oh, now I made a judgement based on my personal preferences of the children."

Else recounts that she gives benefits to the children she likes. At the same time, she worries that such treatment is unfair to other children. Else stops to consider whether she acts in a just manner because her action goes against the notion that everyone should be treated equally.

I asked Else which children she easily has a red (warm) relation to.

Else:

There is something that hits me. I do not know what it is; it is just something there. I think the invisible children often hit my soft spot. It might have to do with my own experience that these children are important to me. But also, the children who refuse to fit in, who can be a challenge for us, that gets to me and I put in an extra effort. I often become enamoured of them because they give me a challenge, and then they turn red for me. However, they can also be black at the same time. They can be black and red at the same time. When that happens, it engages me.

Else explained that it was not necessarily the strong and socially competent children that hit her soft spot. Instead, she speaks of invisible children and children who do not fit in. In other words, children she notices need extra care. In this manner, one might argue that the engagement she has with some children is a result of her judgment of justice based on the outcome.

The mixed emotions Else recounts when she gives these children benefits can be understood as a conflict between two different principles of just distribution. On the one hand, one may say that equal treatment is fair. On the other hand, one may say that paying attention according to children's needs is just. Those who need care the most should also receive more than others (Mørkeseth et al., 2015, pp. 137–142).

When Else and her colleagues color-coded their relations to the children, the purpose was to ensure that these two principles were balanced. All children should have at least one warm relation with an adult, while the children who need attention the most should receive it. This manner of working systematically with the relations the staff has with the children is a way to work toward a collective judgment. In this manner, staff can ensure that common caring resources are apportioned fairly.

Conclusion: Sustainable care in ECEC

To situate the ethics of care in ECEC settings, I propose the concept of "sustainable care" as an expression of what well-functioning care practices in ECEC settings are. The right balance between caring for others and for oneself can be found if the working community functions well. ECEC employees' ethical challenges in terms of power and justice are best solved if the staff use their collective judgment.

Sustainable care as a collective virtue

Carol Gilligan created a model based on how her informants reasoned in ethical questions (1982, pp. 101–102). The mature caregiver found a balance between consideration for others and for herself. This can be understood as developing a virtue. The experienced caregiver seeks a balance between these concerns in the deliberations she makes. The deliberations of the informants' study of the present have aspects that confirm that they are seeking this balance.

The informants reflected on dilemmas related to justice. In situations where scarce resources need to be allocated, it is precisely taking in children's needs and experiencing their reactions that make the allocation difficult. The ECEC teachers wanted the distribution of care to be based on the children's needs.

The importance of their profession makes it meaningful for the informants to develop their care practices. Steadily developing a more reflective and accurate care for individual children, the group of children, and the caregivers themselves, is meaningful. This effort is demanding and requires personal engagement. In light of virtue ethics, good and balanced care can be developed through experience. Sustainable care is both a practical skill and an intersubjective attitude. It requires wisdom that is acquired through reflected action. When personal commitment is present,

sustainable care not only becomes a skill that is exercised at work, but also becomes a part of the informant's identity. Care is a part of the professionalism that underlines the informant's sense of pride. Being a good pre-school teacher becomes a personal commitment; it becomes a part of the respondent's identity.

The informants' reflections on how a well-functioning staff community can work emphasize that the community is created by each member's generosity and openness. When the community functions, individuals can find support for their care practices there. The caregiver can take care of themselves by seeking support in the community.

Sometimes difficult situations can occur in children's groups, but these can be dealt with if the community functions well and the management acts supportively. According to informants, it is more demanding to cope with challenges in the working community than in the children's group. If the working community does not function, it is difficult for individual employees to find a sustainable caring practice.

Fair distribution of care depends on common judgment

The ECEC teachers explained in different ways how the working community can be an arena for collective judgment. Solutions for the many dilemmas of everyday life work best if the community arrives at them as a group. Colleagues' different competencies can help nuance professional assessments and complement each other's impressions of the children.

When justice was an issue, it was particularly important to use the community. The informants expressed that time, presence, and attention constituted the individual caregiver's resources. How these were distributed was a matter for the caregiver's sense of justice. The informants emphasized that it was the children's needs that were starting points for fair distribution of caring resources.

Some of the informants reported that they were working systematically to map the emotional foundations of their relationships with each child. This form of mapping could then be the basis for the working community's assessment of whether all the children received the care they should receive. In my opinion, ECEC settings may develop this type of survey to involve a mapping of how the staff's overall caring resources are distributed. A staff group has a total amount of time, presence, and attention. For the overall resources to be distributed fairly among the children, the staff must coordinate and discuss how the resources are spent. This is an important aspect of the collective judgment of staff.

A community of care

That the ECEC staff is acting as a community of care involves several aspects. The first is that caring is the responsibility of the community. As Joan Tronto emphasizes in her model of care (2013, pp. 22–23), care works best in an institution if it does not depend on individuals. This

does not mean that the individual employee is unimportant, but that the focus is on what the community performs together. Cooperation ensures fair judgment on how care should be distributed and function in a liberating manner.

The ECEC teachers also emphasized another aspect of the care community, which is that the employees take care of each other. This does not mean that the community needs to be close and intimate, but rather that employees have a professional attitude toward the working community. This resembles Gherardi and Rodeschini's conclusion that care may be an organizational competence. Although in a different kind of institution, the present study concurs with their notion of care as situated knowledge that is enacted in everyday practice (2016, p. 266).

My contention is that the ethics of care in ECEC institutions work better if these ideals are taken into consideration. Sustainable care is a virtue that takes a community to realize in practical work.

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